



Los Angeles County Treasurer and Tax Collector
Application for Business License



Please note: Business License fees are NOT refundable

Fee: \$ 2158.00

ID # 142710

BUSINESS INFORMATION

Type of Business: <u>Massage Parlor General</u>	Address of Business: <u>1835A 1/2 Soledad CYN RD</u>	
DBA (Business Name): <u>LANNA THAI SPA</u>	Business Telephone: <u>Santa Clarita, Ca. 91387</u> <u>(661) 252-9991</u>	
	Mailing Address: <u>1835A 1/2 Soledad CYN RD</u> <u>Santa Clarita, Ca. 91387</u>	
Sellers Permit # (State Board of Equalization):		
Business Ownership Structure: Single Owner <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> LLC <input type="checkbox"/> Corporation <input type="checkbox"/> If LLC or Corporation, the information below is required:		
Date of Incorporation:	Incorporated in the State of:	
Exact Corporate Name:		
Names of Officers	Addresses	Titles

APPLICANT INFORMATION

Applicant's Full Name: <u>REWAT RASSAMERARTISAK.</u>		
Home Address: <u>[REDACTED]</u>		
Home Telephone: <u>[REDACTED]</u>	Cell Phone: <u>[REDACTED]</u>	Email address: <u>N/A</u>
Social Security #: <u>[REDACTED]</u>	Date of Birth: <u>[REDACTED]</u>	Place of Birth: <u>[REDACTED]</u>
Driver's License or State ID#: <u>[REDACTED]</u>		Expiration Date: <u>[REDACTED]</u>
Male <input checked="" type="checkbox"/> Female <input type="checkbox"/>	Height: <u>[REDACTED]</u>	Weight: <u>[REDACTED]</u>
	Hair Color: <u>[REDACTED]</u>	Eye Color: <u>[REDACTED]</u>

The information contained herein is true and correct to the best of my knowledge and belief. As a condition of the issuance of the license applied for, I agree to submit any additional information that may be required, to conduct all phases of this business license in accordance with regulations established for such business and to maintain all trucks and/or equipment that may be used in connection therewith in conformance with all applicable laws, ordinances and regulations.

Date: 09-21-15 Applicant's Signature: [Signature]

Application taken by: ME Date: 9-21-15

**COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR**

225 N. Hill Street Room 109, P.O. Box 54970, Los Angeles, CA 90054-0970 -

**BUSINESS LICENSE
APPLICATION REFERRAL**

*mailed
9/22/15*

KIND OF BUSINESS: MASSAGE PARLOR-GENERAL /SC

ADDRESS OF BUSINESS: 18354 1/2 SOLEDAD CYN RD, SANTA CLARITA, CA 91387

TELEPHONE: (661) 252-9991

OWNER OF BUSINESS: REWAT RASSAMEKIARTTI

CAL. DR. LIC.# [REDACTED]

NAME OF PERSON FINGERPRINTED:

FICTITIOUS NAME: LANNA THAI SPA

MAILING ADDRESS: 18354 1/2 SOLEDAD CYN RD, SANTA CLARITA, CA 91387

DATE THAT YOU STARTED BUSINESS:

PREVIOUS OWNER'S NAME, IF KNOWN:

THIS IS AN APPLICATION FOR: NEW LICENSE

BUILDING & SAFETY

SANTA CLARITA

☒ APPROVAL

☐ DENIAL

RECOMMENDATION:

*We recommend approval
at this time.*

SIGNATURE:

D. Hammick

DATE:

9/22/15

10/13/2015 TUE 11:40 FAX 5612861134 --- Linda Trejo

0004/010

Oct 09 2015 13:46 FS 107 6612985044

page 2

10/09/2015 FRI 10:51 FAX 5612861134 --- PG 107

0004/005

3232837342

10/09/2015

10-07-2015

11/17

**COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR**

225 N. Hill Street Room 109, P.O. Box 54970, Los Angeles, CA 90054-0970

**BUSINESS LICENSE
APPLICATION REFERRAL**

107

KIND OF BUSINESS: MASSAGE PARLOR-GENERAL/SC

ADDRESS OF BUSINESS: 18354 1/2 SOLEDAD CYN RD, SANTA CLARITA, CA 91387

TELEPHONE: (661) 252-9991

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NAME OF PERSON FINGERPRINTED:

FICTITIOUS NAME: LANNA THAI SPA

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DATE THAT YOU STARTED BUSINESS:

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THIS IS AN APPLICATION FOR: NEW LICENSE

**FIRE DEPARTMENT
LA COUNTY**

☒ APPROVAL

☐ DENIAL

RECOMMENDATION: _____

SIGNATURE: _____

DATE: _____

10/9/15

BASIC LICENSE NO. 8430

DATE 09/22/15

IDENTIFICATION NUMBER 142710



**COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR**

225 N. Hill Street Room 109, P.O. Box 54970, Los Angeles, CA 90054-0970



**BUSINESS LICENSE
APPLICATION REFERRAL**

KIND OF BUSINESS: MASSAGE PARLOR-GENERAL /SC

ADDRESS OF BUSINESS: 18354 1/2 SOLEDAD CYN RD, SANTA CLARITA, CA 91387

TELEPHONE: (661) 252-9991

OWNER OF BUSINESS: REWAT RASSAMEKIARTTI

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NAME OF PERSON FINGERPRINTED:

FICTITIOUS NAME: LANNA THAI SPA

MAILING ADDRESS: 18354 1/2 SOLEDAD CYN RD, SANTA CLARITA, CA 91387

DATE THAT YOU STARTED BUSINESS:

PREVIOUS OWNER'S NAME, IF KNOWN:

THIS IS AN APPLICATION FOR: NEW LICENSE

PUBLIC HEALTH

LA COUNTY



APPROVAL



DENIAL

RECOMMENDATION: _____

SIGNATURE: _____

L. Martinez

DATE: _____

3/10/2016



KIND OF BUSINESS: MASSAGE PARLOR-GENERAL/SC

ADDRESS OF BUSINESS: 18354 1/2 SOLEDAD CYN RD, SANTA CLARITA, CA 91387

TELEPHONE: (661) 252-9991

OWNER OF BUSINESS: REWAT RASSAMEKIARTTI Sak

CAL. DR. LIC.#

NAME OF PERSON FINGERPRINTED:

FICTITIOUS NAME: LANNA THAI SPA

MAILING ADDRESS: 18354 1/2 SOLEDAD CYN RD, SANTA CLARITA, CA 91387

DATE THAT YOU STARTED BUSINESS:

PREVIOUS OWNER'S NAME, IF KNOWN:

THIS IS AN APPLICATION FOR: NEW LICENSE

SHERIFF FINGERPRINT LA COUNTY

☒ APPROVAL

☐ DENIAL

RECOMMENDATION:

Approved

SIGNATURE:

Wp 536670

DATE:

2/26/16

BASIC LICENSE NO. 8430

DATE 09/22/15

IDENTIFICATION NUMBER 142710

9122

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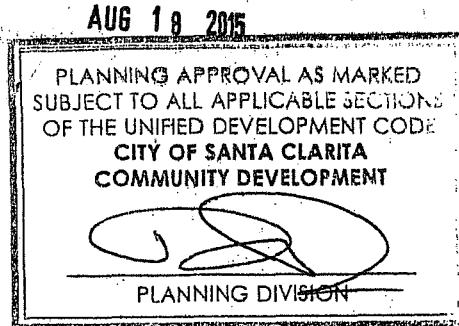
ZONING REFERRAL

I.D. #: 142710

TO: CITY OF SANTA CLARITA
COMMUNITY DEVELOPMENT/PLANNING
23920 VALENCIA BLVD., STE # 140
SANTA CLARITA, CA 91355

FROM: TREASURER TAX COLLECTOR
BUSINESS LICENSE SECTION
23757 VALENCIA BLVD
SANTA CLARITA CA 91355


DATE: 8/17/2015



OTC 15-1735

TYPE OF BUSINESS(ES) MESSAGE PARLOR

-ADDRESS OF BUSINESS 1835A 1/2 Soledad CYN RD
CITY Santa Clarita ZIP CODE 91387
NAME OF OWNER Rewat Rassamekiarttisak, Woodtiporn Rassamekiarttisak, Laxtikan Rassameekiatthi
Areewan Sengsornya, ~~Panida L Decker~~ sal
"DBA" LANNA THAI SPA TEL. #: (661) 252-9991
-MAILING ADDRESS 1835A 1/2 Soledad CYN RD
Santa Clarita, Ca. 91387
EXISTING USE YES () NO ()
USE PERMITTED IN ZONE CC USE NOT PERMITTED IN ZONE _____
"APPROVED" "DENIED"
REMARKS Permitted use in "CC". Permitted by
right.


SIGNATURE OF ZONING OFFICER

8/18/15
DATE